

2004 CBT 620 Infectious Disease

KING COUNTY EMERGENCY MEDICAL SERVICES (12/15/03) MH

INFECTIOUS DISEASE PROGRAM REVIEW

REQUIRED ANNUALLY FOR RECERTIFICATION

NAME

PRINT STUDENT'S NAME

EMS #

DATE

Objective: To fulfill the requirements of WAC 296-305-0251 which states "All firefighter/EMTs shall be required to annually review the infectious disease information, updates, protocols, and equipment used in their department's infectious disease plan. Additional specific training requirements are outlined in WAC 296-823-12005."

- ☐ The course CBT 620 Infectious Disease was completed and the "written" exam was completed with a score greater than 70%.
- ☐ The person who conducted the required review of the department's infectious disease policy is knowledgeable about the program and its contents.

The review contained:

- ☐ A general explanation of the epidemiology, symptoms and transmission of infectious diseases. (covered in CBT 620)
- ☐ An explanation of the department's exposure control plan
- ☐ Information about available personal protective equipment (PPE)
- ☐ Information pertaining to the reporting of an exposure
- ☐ Information about post exposure evaluation and follow-up procedures following an exposure incident

The review fulfills the requirements set forth in WAC 296-305-0251 and WAC 296-823-12005
(It is strongly suggested that the above WACs are reviewed to assure compliance with Washington State law.)

COMMUNICATION AND DOCUMENTATION

- ☐ Delivers timely and effective **short report** (if indicated)
- ☐ Completes SOAP narrative portion of incident response form

EVALUATOR SIGN YOUR NAME

EMS #

RECERTIFY

☐ YES ☐ NO

IF NO EXPLAIN